

BARBARA K. CEGAVSKE Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada **Committee for Political Action** (PAC)

Registration Form
Page 1

FILED

SEP 2,6 2016 SECRETARY OF STATE.

#3585

Naw Basistanias	DAG (A.t 15		/E SPACE IS FOR OFFICE USE ONLY
New Registration	PAC (Advocating	Passage or Defeat of a Ballot Que	stion)
Annual (Due on or before	January 15th of each year	ar; NRS 294A.230(4)(b))	
Amended Registration: check all that apply	Change Officers	Change Registered Agent	Change Address
	Change Name	evious Name of PAC	
	Other:		P Holling the second of the se
Name of Committee:			Telephone:
IAFF FIREPAC Non-Federal			202/737-8484
Mailing Address:			
1750 New York Avenue	W	ashington	DC 20006
Street Name, Number	City	,	State Zip Code
PAC Active Email Address: fin	repac@iaff.org		
		ach PAC must appoint and keep in	
Name of Registered Agent:			Telephone:
Raymond McAllister			702/493-2796
Physical Address:			
808 Dana Hills Ct. #104	La	s Vegas	NV 89134
Street Name, Number	City		State Zip Code
REGISTERED AGENT ACCE Committee for Political Action.	PTANCE: I hereby acce	pt appointment as Registered Age Date: $09/21/6$	nt for the above-named
X Grand Agent Signature of Registered Agent	alon		



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State of Nevada Committee for Political Action (PAC)

Registration Form

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:			Telephone:	
Harold Schaitberger, Chairperson			737-8484	
Mailing Address:				
1750 New York Avenue	Washington	DC	20006	
Street Name, Number	City	State	Zip Code	
Officer Name and Title:		Tele	phone:	
Edward A. Kelly, Treasurer		202/7	737-8484	
Mailing Address:				
1750 New York Avenue	Washington	DC	20006	
Street Name, Number	City	State	Zip Code	
Officer Name and Title:		Tele	phone:	
Mailing Address:				
Walling / lduress.	1			
Street Name, Number	City	State	Zip Code	
Officer Name and Title:	Oity		•	
Officer Name and Title.		ı ele	phone:	
Mailing Address:				
]		
Street Name, Number	City	State	Zip Code	
of each organization (please attach Name of Organization:	ated with any other organizations, list additional pages if necessary).		ohone:	
International Association of Fire Fighte	ers	202/7	37-8484	
Mailing Address:				
1750 New York Avenue	Washington	DC	20036	
Street Name, Number	City	State	Zip Code	
Name of Organization:		Telep	phone:	
Mailing Address:				
Street Name, Number	City	State	Zip Code	
Name of Organization:		Teler	Telephone:	
Mailing Address:				
Mailing Address.)	1	
Street Name, Number	City	State	Zip Code	
SUBMITTED BY:				
- 7 DOCIA 01	Printed Name:	Date:	Telephone:	
X Zelekh KIN	Edward A. Kelly	9/19/16	202/737-8484	
Signature of Representative of Group		THE STATE OF THE S	2021010101	

EL400 Revised: 11-5-15